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ABSTRACT

The Kentucky, Ohio, Michigan Regional Medical Library (KOMRML), a service organization made up of the libraries of ten academic institutions, has within a year created an identifiable organization. A questionnarie was sent to 440 participants in this organization to determine: (1) if it was one that was causing constructive changes, and (2) if the organization could be improved and if planning should be started to institutionalize the organization. Since 70% of the respondents indicated that KOMRML decreased the time required to obtain a document, the organization has functioned as anticipated. Also, 75% of the respondents indicated they experienced no difficulty with the network's operational procedures. Since 6% of the institutions using KOMRML's document delivery service accounted for almost 60% of all transactions, the policy of "free" interlibrary loan service becomes questionable. With the limited funds available, KOMRML is, in effect, subsidizing the large institutions without being able to promote equalization of access to the smaller institutions. For KOMRML to concentrate its development to work on the expressed needs of clinical institutions will depend on: (1) the national priorities of the Regional Medical Library program, and (2) the ability of KOMRML to provide dependable and equal service to all. (MF)

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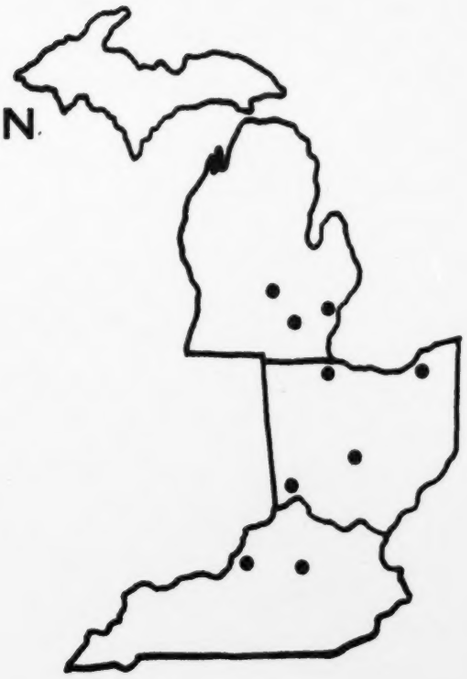
KENTUCKY - OHIO - MICHIGAN

REGIONAL MEDICAL LIBRARY



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PAPERS AND REPORTS, NO. 6

KOMRML, Document Delivery Service, An Evaluation of its Value and Operation From Responses to a Questionnaire*

LI 002187

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Detroit
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INTRODUCTION

The regional medical library (RML) was created through federal legislation. This legislation has formalized what operationally has been developing during the past four decades -- resource medical libraries (i) extending access to the scholarly record of biomedicine to other than its primary clientele and (ii) acting as sources of information and as models for library services provided through other than resource libraries. The RML, in spite of its "tradition" of development, is still an experimental agency. As such, it might be useful to distinguish between the process of organization-building and institution-building. (1)

1. The organization may be an expendable one. An organization may merely be an administrative arrangement for mobilizing human energies and directing them toward set aims. An organization can be an expendable one, a temporary structure, to be used by a like-minded group to satisfy its needs. An institution, by contrast, is a product of social needs and pressures. An organization which supplies low quality or redundant services or products may be short-lived. The test of the viability of an organization (and hence its possible formulation into an institution) rests upon what the members or participants of the organization come to believe are its value, and how those outside the organization feel about and react toward it.

2. Institutions are indispensable. An institution may be characterized in many ways, but it should have at least the following features: "(a) Its functions and services are related to society requirements as tested by its adaptability over time to human needs and values; (b) its internal structures embody and protect commonly held norms and values of the society to which it is related; (c) its achievements over time [include] influencing the environment in positive ways, as, for example, through the values it creates and makes available to other institutions which are linked to it". One test of an institution's indispensability can be shown by the attempts of individuals, groups, and other institutions to preserve it when it risks failure or begins to be ineffective. The Medical Library Assistance Act can be viewed as a collective effort to preserve medical libraries as institutions.

3. Institutions and destructive organizations. An institution, in the social sense, cannot be destructive to the society that supports it. An organization, on the other hand, can be created with the avowed purpose to destroy or to make institutions ineffective. The RML, as yet, is only an organization and cannot be considered an institution. It, indeed, may be expendable, and perhaps in its operation destructive to established library institutions. The RML can, on the other hand, develop into an indispensable organization, or institution, (i) by coordinating existing operations into new or different patterns, (ii) by incorporating new functions and operations in already established institutions, or (iii) by establishing a new independent institution with specialized functions.

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(1) The following distinctions and quotations are from Howard V. Perlmutter, "Towards a Theory and Practice of Social Architecture, the Building of Indispensable Institutions". London, Tavistock Publications, 1965, pp. 2-3.

An organization which acts as an institution-building mechanism has, within it, several design structures. (2)

1. Work processes. The organization must be building work areas to achieve results in the form of some product or service. The work must be structured with simultaneous, successive, and interdependent tasks designed and with the size and number of tasks established in some recognizable manner by those who use the product or service.

2. Authority. A system of authority must be created to direct the behavior in the interests of the organization and its participants.

3. Evaluation. An evaluation process must be devised which establishes criteria for assessing levels of utility and value with respect to people, materials, concepts, and activities. This evaluation process rates people, materials, concepts and activities within the organization, and also alternative uses to which these resources can be put.

4. Rewards and penalties. Some method must evolve within an organization for it to be institutionalized that induces people to behave in ways required in the interests of the organization and its participants.

5. Communication. Any dynamic organization must have some kind of information system operating which allows for the incorporation of ideas, feelings, values, etc., external to itself. Without this information feedback process the organization works in a closed loop for status of its members rather than for the accomplishment of social objectives.

6. Identification. An organization to become an institution must be cognizant of the need to develop a concept of wholeness, uniqueness, and significance for itself, as well as the larger environment in which it survives.

7. Perpetuation. Methods must be utilized to maintain, replenish and make adequate the quantity and quality of human and non-human resources (money, equipment, and facilities) needed by the organization and its participants.

The RML program has as one of its objectives to establish a national "network" of medical libraries. As Savas has pointed out, it is possible for a complex program to show visible accomplishment in four years because

> ...it takes a year to determine the state of the system (that is, identify a major problem in a way which suggests approaches to its solution), another year to define objectives, to plan, and to allocate resources to attack

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(2) The seven "areas" described here are given by Perlmutter from, E. Wight Bakke and Chris Argyris. "Organizational Structure and Dynamics". New Haven, Yale University Press, 1954.

> the problem..., a third year to construct, staff and test the appropriate administrative structure for implementing the plan, and a fourth year to look for significant, tangible results. (3)

Although KOMRML has only begun its second year, the fifth anniversary of the legislation creating RMLs through the National Library of Medicine guidance is but a few months away (October, 1970). This study is specifically undertaken to evaluate KOMRML's organization. Each of the 10 other RMLs established throughout the nation has developed its own administrative structure within the framework of the national program. Any conclusions reached from the data collected obviously apply only to KOMRML, but at the same time, any management or planning should relate to other RMLs as well.

SOURCE OF DATA

KOMRML is first a service organization made up of the libraries of 10 academic institutions, two of which receive no state funds and two others which do receive some state monies but are private institutions. Each of these institutions has an obligation to serve a primary clientele; their continued support, from whatever source, depends upon the quality and kind of services provided to this clientele. KOMRML was created formally to permit the acceptance of federal funds to allow for the expansion of service, primarily by providing access to the documents the participating libraries own and to the librarianship expertise concentrated in these institutions. Through the cooperative effort of the 10 participating institutions the characteristics of an organization mentioned above are identifiable with the exception of a dependable evaluative procedure and the establishment of methods for perpetuation. The task of this study was, therefore, to organize available operational data and to secure additional information to provide some indication

(i) whether the work processes, communication, the rewards and penalties, and identification mechanisms were in effect accomplishing the stated goals;

(ii) what modifications in the existing organization might improve service, and

(iii) what additional planning might be done toward moving KOMRML from an administrative organization to an institutional configuration.

Whatever evaluative study was to be undertaken had to operate within existing routines. Other constraints also had to be considered:

(i) Participating libraries now overburdened with data-gathering could not be expected to contribute more staff time than they already are.

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(3) E. S. Savas. Cybernetics in City Hall. Science 168:1066-71, 29 May 1970

(ii) Similarly, the users of KOMRML document delivery services could not be expected to do any elaborate tabulating of data; the most that could be expected would be subjective responses to a short questionnaire.

(iii) Data collected would have to be of the kind that would have significance for KOMRML management and planning, but more significant, the data would have to have meaning to both participating libraries and users; the latter group covers a wide range of institutions, functionally in size, and need for access to biomedical libraries.

(iv) Any data collected should be reducible to quantitative statements.

Two sources of data were used. First, the information received from participating libraries from their monthly reports to the Central Office which is used to prepare the required federal quarterly reports and for payment for services rendered for the KOMRML program. Second, a questionnaire was sent to 440 of the institutions which were known to use KOMRML services during 1969. (It should be noted that the report of KOMRML's first year's operation identified 458 institutions which used KOMRML within Kentucky, Ohio, and Michigan. (4) Participating libraries were excluded from the list of institutions as well as some educational institutions as secondary schools and junior or community colleges which could not be identified as having any biomedical educational programs.) A letter was sent to each of these institutions informing them of their use of KOMRML services through participating libraries. (See Addendum 1) With this "public relations" letter was also included a questionnaire which they were asked to complete and send to the Central Office. (See Addendum 2) This letter and questionnaire was sent out during the first week in April. A follow-up letter on 1 May was sent to institutions which had not responded who were known to have made five or more document requests through KOMRML participating libraries in 1969.

FINDINGS AND DISCUSSION

The universe of study

The number of interlibrary loan (ILL) transactions of the 440 institutions was collected from participating libraries. Table 1 shows the number of institutions arranged by the number of ILL transactions initiated in 1969 and how many responded to the questionnaires from each of the nine KOMRML service areas. Although there is a wide variation of response to the questionnaire from different service areas (from 53% to 91%) and only 70% of the institutions solicited responded, these gross figures are very misleading. The data from Table 2 and Table 3 provide

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(4) KOMRML, The First Year's Experience, KOMRML Papers and Reports, No.5. Detroit, March 1970.

a better perspective of the response. It should be noted that 118 or 27% of the institutions contacted (Table 3) initiated 92% of the ILL transactions. Of these 118 institutions, 108 or over 90% responded. (5) Observing the available data on response to the questionnaire in this type of array, several statements can be made.

1. The response from institutions which initiated 50 or more ILL requests shows very little variation among service areas. The variation in response is due to the variation in the number of institutions which made few requests of KOMRML document delivery service.

2. Clinical institutions make up 52% of KOMRML's clientele generating 78% of all ILL requests. Twenty of these institutions account for almost half of all KOMRML's document delivery service in 1969.

3. Although 93 industrial agencies account for 15% of KOMRML's document delivery service, five agencies are responsible for generating two-thirds of these requests, constituting over 10% of the total activity.

4. While 84 academic institutions used KOMRML in 1969, four institutions accounted for three-fifths of the academic requests, making up almost 3% of academic service.

5. Only 2% of the document delivery service was provided to public libraries and specialized agencies; again five agencies accounted for almost all the activity in this group.

A better picture of KOMRML's clientele can be seen from Table 3. Over 55% of the transactions KOMRML processed were generated by 25 institutions which constitute only 6% of the agencies served. Ninety percent of the transactions were initiated by 23% of the total user population, or to say it in reverse, 75% of KOMRML's clientele asked for but 10% of the ILL service provided. These figures bring up several questions. There are close to 800 clinical institutions in KOM. While 225 did ask for document delivery service, 600 did not. Does this mean that the KOMRML service is unknown to them? Can only the large institutions afford the cost of initiating requests for service? Are the KOMRML procedures too complex to be utilized by but a relatively few institutions? Is there no need by professionals in these 600 institutions for access to biomedical literature; or, do these professionals have alternate sources of documents outside of the KOMRML network?

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(5) Three additional questionnaires were received after 1 June; since the data for the 108 respondents had already been tabulated, they were excluded; the response rate then was actually close to 95%.

Responses to questionnaire

The responses to the questionnaire are tabulated in Addendum 3 and are summarized and normalized to percentages in Table 4 for the four major categories of respondents. (6) The remaining three categories were excluded in Table 4 because they represent so few institutions and except for six institutions the number of requests made were few. Although two respondents indicated that they had actually timed delivery speeds, this was the only question asked to which the respondent could have provided an objective answer. Since all answers are, therefore, subjective, their interpretation has to be conjectural. To attempt to arrive at general statements which can be used for evaluative and planning purposes may appear a dubious exercise. The only justification for the use of such "soft" data is that what individuals perceive as true is what they act upon.

1. Speed of delivery. The aim of KOMRML was not only to improve access to the resource libraries of the region, but also to improve speed of delivery of documents. This aim appears to have been accomplished in that 40% perceived the time in getting documents has been reduced. In any event, the network arrangement that was effected has, on the whole, maintained or improved the time for borrowers to receive documents. Interestingly, 14% of the hospitals stated that the time to obtain documents has been increased. The majority of these institutions are within the Wayne State University and the Cleveland Health Science Library Service Areas. Although these are the two largest service areas, this majority is more than the proportionate share of hospitals giving negative answers. Could it be that these two participating libraries have in fact decreased their turn around time because of the increased load demanded of them because of the referral service? It is not surprising that 30% of the academic libraries should not commit themselves as to the speed of service; academic interlibrary loan librarians must borrow more than biomedical literature; apparently they were not able to single out requests to KOMRML from other requests they process.

2. Value of service. A few respondents were not pleased, apparently, with the statements offered in the questionnaire since they reworded some. For ease of tabulating, these reworded statements were grouped in one of the alternatives. Table 4 gives the first and second rank of the responses. Government libraries indicate that the assurance of the availability of regional resources has been of most value to them. Evidently, it took a federally sponsored program to reveal the availability of material to these libraries. Hospitals, as a group, also seemed to have needed a formal program such as KOMRML to realize

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(6) The categorization used in this study is the one devised in 1968 for planning KOMRML services. This categorization was continued for comparative purposes. This classification was modified in Table 2 to make categories better reflect the use of the ILL service.

that they need not feel dependent or parasitic in requesting documents. Industrial agencies, compared to other groups, have found that the time to obtain documents has been reduced sufficiently for one-third of them to indicate this has been most useful to them. Is this an indication that before KOMRML they had been discriminated against? Except that few respondents have found KOMRML service has reduced their own work in preparing requests, no other aspect of the service seems to be of more value than the other. A matrix was prepared to determine if there were a pattern of response; that is, if the respondent had indicated the most valued part of KOMRML service was assurance of availability of material, was there a second most useful aspect, say, a reduction in time in receiving documents. This exercise proved disappointing. It appeared as if respondents checked the alternatives by flipping a coin. Because of this situation, the question does not provide information for management or planning purposes, and the responses themselves might be doubtful as any kind of measure of usefulness of KOMRML except from the answer received from another question.

3. Willingness to pay for referral service. Although the participating libraries have always provided ILL loan service, KOMRML's program had as its objectives, (i) to make the service "equal" throughout the region no matter which participating library was approached and (ii) to make the service dependable. The one alteration in the services provided before KOMRML is the referral of unfilled requests by participating libraries. The librarians were asked whether they would be willing to pay for this service, not only as a means for determing the adequacy and dependability of the procedures, but also as a check on the responses to other questions. Since 70% answered that they would be willing to pay for referral service, it could be concluded that librarians have found the program dependable and useful. However, there is some doubt that all respondents understood the question. First, many institutions which borrowed only a few items may actually have never had a request referred - all requests were completed and processed by the participating library. Some respondents apparently found the question confusing in that comments were added, as "if the photocopy costs don't also increase". Many government institutions obviously understood the meaning of the question, since 60% responded "no", adding such statements that federal regulation would not permit such payments. Certainly, government agencies do have complex procedures for simple operations, but it does not seem impossible to set up an arrangement for reimbursement for ILL services. The second caveat that accompanied the responses to the question is that the large borrowers nearly all agreed to pay for the service. These institutions must secure documents no matter what the cost. Because a few institutions account for the majority of requests made to KOMRML, the question should be carefully examined whether the free interlibrary loan and free photocopy service should be as important an aspect of RML policy as has been promulgated.

4. Difficulties with ILL service. Three-fourths of the respondents either report no difficulty with the document delivery service or made no comment whatsoever. The latter situation cannot be accepted as equivalent to a "no-difficulty" answer since some respondents may not wish to make any comment because of a reluctance to criticize. The expressed problems were summarized into three types: (i) those involving network complications, such as failure of response to requests; (ii) those involving service complications, such as poor facsimile copy; and (iii) those related to procedure, such as the requirement for verification. Table 5 lists the difficulties expressed by the 108 institutions which requested more than 50 items in more detail. With the quantity of requests processed it cannot be expected that no errors occur. Poor facsimile copy, mixing requests, omitting pages, and delays in processing are inevitable. Quantitatively, these expressed difficulties are so few that no generalization can be made; that is, there is no single participating library that is subject to producing more "errors" than another, nor is there any group of requesters, either grouped by number of requests or by institutional function, which appear to have unique difficulties. The responses are, however, a warning that quality control of the lending operation from participating libraries should be further investigated and that methods be adopted which assure dependability as the service grows. The most common complaint was the requirement for citation verification. Individual borrowers apparently have little understanding why this procedural requirement is necessary. From their point of view they make few errors; they fail to comprehend that lending libraries faced with processing inaccurate requests leads to operational problems with respect to the total service. Not only is it expensive because highly trained help is required to handle the request, but handling such requests reduces the efficiency of the work flow. An educational program might be helpful to obtain a better understanding of the total interlibrary loan transaction by the librarians of the region. A more drastic step might be to charge the requester a fee for every request which requires additional work because of inaccuracies or which require additional work when there is no evidence that the requester made an effort to verify or to obtain the source of the citation of the requested document.

5. Additional services desired. The respondent was not asked to rate in order of preference the additional services he would like KOMRML to undertake. Although a few checked all additional services suggested, most checked two or three which produces a rating when added together. Since hospitals form the largest group of respondents, their preferences are perhaps the most indicative of needs for regional library service. Almost three-fourths of the hospital librarians indicated a need for a regular acquisitions list. Apparently that task of selecting monograph purchases in a clinical environment is a major problem. Since NLM publishes the Current Catalog bi-weekly which is a far more complete list of possible items for purchase than any RML can produce, what kind of acquisitions list is wanted; a selected, critical list which updates the published core libraries, or some other list which gives some evaluative information? None of the other group of libraries collectively

attached such a value to an acquisitions list. Similarly, 60% of the hospital librarians expressed a need for lists of available A-V materials. Books have been published since the 15th century and jounrals since the 17th century. A-V materials for recording scholarly accomplishments or for use in educational programs have become generally available only during the past 35 years. The distribution and use of A-V materials require quite a different organization than that of the traditional library. Apparently, hospital librarians have been given the responsibility of collecting, or at least acquiring A-V materials. An expression of institutional needs does not provide insight into how an organization can be built to satisfy that need. The industrial librarians seemingly have little interest in the use of A-V materials compared to hospitals.

Close to 60% of the hospital librarians feel the need of a continuing education. Consultation services were not deemed as important. Hospital librarians, professionally, are isolated. Learning skills and techniques, being aware of administrative changes in local, regional, or national library programs, and translating these developments into better library service is not possible without contact with like-minded groups. Considerable effort has been expended by many agencies to provide courses, workshops, and seminars both with KOMRML and outside. Apparently, the effort is still below the perceived requirements.

Almost half the hospital librarians checked that they would like to have a "fact-finding" reference service, this service had the highest priority for industrial and government libraries. The difficulties of organizing a regional service which can be both dependable and accessible to all has been discussed elsewhere. (7)

Seven percent of the respondents suggested other services most of which referred in some way to the production and distribution of union lists of serials and monographs or to the organization of KOMRML to provide location and referral service for out-of-scope material. (See Table 5) Such a service raises several undecided policy questions, such as who are qualified users and should a federally subsidized program respond with a program to satisfy all the interests of such a defined group.

Other services suggested were brought up by but one or two respondents, such as the sharing of demand bibliographies, centralized cataloging, and extension of the KOMRML network to a national network. These suggestions are indeed pertinent to the intent of RMLs. The program is as yet too new and has too little funding even to investigate the possibilities of, much less starting, such programs.

Variation among user groups

The respondents were grouped according to their administrative functions and according to the number of requests they made of KOMRML. As already discussed, the latter categorization would appear

to be important because a small group of institutions constitute the major users of the document delivery service. Table 5 was produced with the expectation that different responses would be given depending upon the number of requests made. Variations do exist, but the differences are small when groups are compared with the total survey population. There are two possible exceptions to this generalization. Six of the 16 institutions stated that the document delivery is slower; although three of the six added that service from their participating library had improved. This response may be due to the rigidity of the KOMRML network in that all requests must be processed through participating libraries. These large borrowers, before the advent of KOMRML, had greater freedom in choosing from whom they might request documents. In other words, some requests take longer to fill, from the requester's viewpoint, because of the referral mechanism. Nevertheless, three admitted to faster local service. Every organization must have rules; KOMRML's procedures may indeed slow down the fulfilling of a few requests; a careful study for the average time required to fulfill requests is needed before a decision should be made whether large borrowers should be permitted to circumvent the network arrangement.

SUMMARY AND OBSERVATIONS

KOMRML has within a year created an identifiable organization. A questionnaire was sent to 440 participants in this organization to determine (i) if it was one that was causing constructive changes and (ii) if the organization could be improved and if planning should be started to institutionalize the organization.

1. Since 70% indicate that KOMRML has not caused any decrease in the time it takes to obtain a document, the organization has, in general, functioned as anticipated.

2. The above statement is further supported by the fact that 75% of the respondents indicated they experienced no difficulty with the network's operational procedures. Unsolicited comments were added that suggest KOMRML is doing more than just an adequate job.

3. Some respondents did indicate some difficulties working within KOMRML's organization:

   a. Although the number of respondents reporting poor service are few, these complaints are a warning that steps must be taken by all participating libraries that quality control procedures be included in their lending operations.

   b. Procedural complaints are mainly related to the need for verification; librarians need to be better informed on the cost and processes involved in the interlibrary loan transaction.

c. Network restrictions appear to be onerous to but a few institutions who are large borrowers; procedures can be adopted to remove these restrictions, but only after more data are available to judge whether the restrictions are real or only subjectively apparent.

4. Since 6% of the institutions using KOMRML's document delivery service accounted for almost 60% of all the transactions, the policy of "free" interlibrary loan service becomes questionable; with the limited funds available, KOMRML is, in effect, subsidizing the large institutions without being able to promote equalization of access to the smaller institution.

5. According to the tabulation of desired RML services, hospitals indicate a different set of priorities than do other user groups; if KOMRML should concentrate its development to work on the expressed needs of clinical institutions depends upon (i) the national priorities of the RML program and (ii) the ability of KOMRML to provide dependable and equal service to all.

The questionnaire as designed could only illicit subjective responses. While respondents provide assurance that organizationally KOMRML has accomplished its first year aims, better data are needed to establish whether KOMRML should continue within its present framework.

Table 1

Number of Respondents to Questionnaire According to Number of ILL Requests Made Per Year Arranged by Service Area

No. of ILL Requests 1969	MSU		WSU-UD		UM		MCOT		OSU		UC		CHSL		UK		UL		Total	
	Institutions	Respondents	Institutions	Respondents	Institutions	Respondents	Institutions	Respondents	Institutions	Respondents	Institutions	Respondents	Institutions	Respondents	Institutions	Respondents	Institutions	Respondents	Institutions	Respondents
600 +	-	-	11	10	1	1	-	-	1	-	-	-	5	5	-	-	-	-	17	16
400 - 599	-	-	4	4	1	1	1	-	-	-	-	-	2	2	-	-	-	-	8	7
300 - 399	-	-	1	1	-	-	-	-	-	-	1	1	2	2	1	1	1	1	6	6
200 - 299	3	3	3	2	-	-	-	-	1	1	1	1	2	2	1	1	1	1	12	11
150 - 199	1	1	6	6	-	-	-	-	5	4	-	-	1	1	-	-	1	1	14	13
100 - 149	-	-	7	5	-	-	-	-	-	-	8	7	4	2	-	-	2	2	21	16
75 - 99	4	3	4	4	2	2	-	-	1	1	1	1	4	4	4	4	1	1	21	20
50 - 74	4	4	9	9	-	-	-	-	3	3	-	-	3	3	-	-	-	-	19	19
25 - 49	2	1	7	3	6	4	1	1	6	5	4	3	8	7	1	1	2	1	37	26
15 - 24	3	3	8	7	3	0	-	-	7	6	3	3	2	2	3	2	3	2	32	25
5 - 14	9	9	16	11	6	5	1	1	18	15	5	5	21	14	11	7	12	8	99	75
2 - 4	5	3	19	13	11	7	7	5	17	8	-	-	10	7	6	5	5	2	80	50
1	7	4	13	3	6	2	5	1	14	4	1	-	11	7	12	3	5	2	74	26
Total	38	31	108	78	36	22	15	8	72	47	24	21	75	58	39	24	33	21	440	310
% Response		81		72		59		53		65		91		77		62		64		70

Table 2

Type of Institutions Arranged by Number of ILL Requests Made Per Year

No. of Requests 1969	Clinical					Industrial					Academic					Other					Total					
	No. of Institutions	% of Total	ILL Requests	% of Total Requests	No. Responding to Questionnaire	No. of Institutions	% of Total	ILL Requests	% of Total Requests	No. Responding to Questionnaire	No. of Institutions	% of Total	ILL Requests	% of Total Requests	No. Responding to Questionnaire	No. of Institutions	% of Total	ILL Requests	% of Total Requests	No. Responding to Questionnaire	No. of Institutions	% of Total	ILL Requests	% of Total Requests	Cumulative Percent	No. Responding to Questionnaire
600 +	14	3.2	14781	40	13	3	0.7	2761	8	3	-					-					17	3.9	17497	46	46	16
400 - 599	6	1.4	2872	8	6	1	0.3	488	1	1	1	0.3	401	1							8	1.8	3761	10	56	7
300 - 399	5	1.1	1826	5	5	1	0.3	312	1	1	-										6	1.4	2138	7	63	6
200 - 299	10	2.3	2492	7	9	1	0.3	247	1	1	-					1	0.3	231	1	1	12	2.7	2970	8	71	11
150 - 199	9	2.0	1553	4	8	3	0.7	485	1	3	2	0.5	366	1	1						14	3.2	2404	6	77	13
100 - 149	12	2.7	1597	4	10	4	0.9	512	1	2	1	0.3	129	<0.5	1	4	0.9	475	1	3	21	4.8	2713	7	84	16
75 - 99	14	3.2	1200	3	12	3	0.7	245	1	3	4	0.9	335	1	4	-					21	4.8	1780	5	89	20
50 - 74	12	2.7	781	2	12	3	0.7	185	<0.5	3	3	0.7	173	<0.5	3	1	0.3	72	<0.5	1	19	4.3	1211	3	92	19
1 - 49	143	33.2	1872	5	89	74	16.8	532	1	42	73	16.6	622	2	53	32	7.3	147	<0.5	18	322	73.1	3173	8	100	203
Total	225	51.8	28974	78	165	93	21.1	5722	15	59	84	19.3	2026	5	62	38	8.7	925	2	23	440	100	37647	100		310

Table 3

Summary of Respondents to Questionnaire According to
Use of KOMRML Document Delivery Service in 1969

No. of Requests	No. of Institutions	% of Institutions	Cumulated % of Institutions	Reverse Cumulated % of Institutions	No. of Respondents	% of Respondents in Category	% of Total Respondents	Cumulated % of Respondents	% of ILL Transactions	Cumulated % of ILL Transactions
400 +	25	6	6	100	23	92	7	7	56	56
150 - 399	32	7	13	94	30	94	10	17	21	77
75 - 149	42	10	23	87	36	86	12	29	12	89
50 - 74	19	4	27	77	19	100	7	36	3	92
25 - 49	37	8	35	73	26	70	8	44	3	95
15 - 24	32	7	43	65	25	78	8	52	1	96
5 - 14	99	22	65	57	74	75	24	6	2	98
2 - 4	80	18	83	35	50	62	16	92	1	99
1	74	17	100	17	26	39	8	100	1	100
	440		310							

Table 4

Summary of Responses to Questionnaire from Addendum 3

Normalized to Percentages for Each Type of Institution

	% Response									
	Total		Hospital		Industrial		Government		Academic	
Speed of Delivery										
Less time	43		45		39		57		37	
Same time	27		24		41		18		28	
More time	8		14		2		4		5	
No answer	22		17		17		21		30	
Prime Value of Service	Rank		Rank		Rank		Rank		Rank	
	1	2	1	2	1	2	1	2	1	2
Reduction in receiving	25	17	26	18	33	14	25	25	20	17
Reduction in preparation	4	6	2	5	7	7	-	25	5	5
Use of regional resources	20	27	20	32	20	30	33	16	22	25
Assurance of availability	28	24	31	25	22	26	37	25	23	27
Willingness to Pay For Referral Service										
Yes	70		71		91		41		67	
No	16		22		2		33		17	
No answer or conditional	14		7		7		29		16	
Difficulties with ILL Service										
Network complications	4		4		4		-		6	
Service complications	9		11		4		12		6	
Procedural complications	9		7		9		8		11	
None or no response	76		72		77		80		75	
Services Desired										
Consultation	19		30		5		12		6	
Continuing education	38		57		24		33		17	
Acquisitions lists	52		71		30		42		44	
Lists of A-V material	43		60		11		42		42	
Reference service	48		46		54		58		38	
Other	7		7		9		-		6	
No response	16		8		18		12		30	

Table 5

Responses to Questionnaire from 16 of 17 KOMRML Users Requesting More Than 600 Items in 1969

	Less	Same	More	No Response	Number of Responses by Rank 1	2	3	4	Yes	No	Number
Length of time to obtain documents	8	1	6(a)	1							
Value of services											
Improved access locally					7	2	1	1			
Reduction in ILL preparation					2	3	1	4			
Location service					4	6	4	-			
Availability of regional resources					3	4	5	1			
Pay for referral service									13	3	
Additional services											
Consultation service											3
Continuing education											8
Acquisitions lists											9
Lists of A-V material											7
Reference service											8
Verification of ILL requests											1
Refer out-of-scope material											1
Centralized cataloging											1
Sharing bibliographies											1
Difficulties with KOMRML service											
None or no response											12
Inconsistent policy on referral of out-of-scope documents											1
Slower service from library of first recourse											1
Poor facsimile copy											1
Hold up of referral requests for verifying											1

(a) Three respondents noted, however, that access to local library has improved

Table 5 (Cont'd)

Responses to Questionnaire from 24 of 26 KOMRML Users
Requesting between 150 - 299 Documents in 1969

	Less	Same	More	Unknown	Number of Responses by Rank 1	2	3	4	Yes	No	Numbe
Length of time to obtain documents	16	4	3	1							
Value of services											
Improved access locally					10	6	3	1			
Reduction in ILL preparation					2	1	1	7			
Location service					6	5	7	1			
Availability of regional resources					6	9	6	-			
Verification service					-	-	-	2			
Pay for referral service									18	7(a)	
Additional services											
Consultation service											5
Continuing education											11
Acquisitions lists											15
List of A-V materials											9
Union catalog of books											15
Difficulties with KOMRML service											
None or no response											16
Only 1 article from same journal from NLM											3
Poor facsimile copy											1
Slow service on referrals											1
Referral service from NLM slow											2
Slow service in securing monographs											1
Service refused because of lack of verification											1
Items in bindery - referral service too long											1

(a) Includes 5 federal agencies

Table 5 (Cont'd)

Response to Questionnaire from 19 KOMRML Users
Requesting Between 50 - 74 Documents in 1969

	Less	Same	More	Unknown	Number of Responses by Rank 1	2	3	4	Yes	No	Number
Length of time to obtain documents	9	4	3	3							
Value of services											
Improved access locally					5	4	3	2			
Reduction in ILL preparation					-	1	6	3			
Location service					5	8	1	3			
Availability of regional resources					9	4	3	1			
Pay for referral service									13	6	
Additional services											
Consultation service											5
Continuing education											9
Acquisitions lists											10
Lists of A-V material											8
Reference service											11
Referral service for out-of-scope material											1
Distribute union lists											1
Difficulties with KOMRML service											
None											12
Requests returned from NLM marked "do not have"											1
Verification onerous											1
Poor selection in referring libraries											1

Table 5 (Cont'd)

Responses to Questionnaire from 19 of 21 KOMRML Users
Requesting Between 75 - 99 Documents in 1969

	Less	Same	More	Unknown	Number of Responses by Rank 1	2	3	4	Yes	No	Number
Length of time to obtain documents	9	4	2	4							
Value of services											
Improved access locally					11	3	1	-			
Reduction in ILL preparation					1	3	4	1			
Location service					3	6	4	3			
Availability of regional resources					1	7	4	3			
Pay for referral service									11	5[a]	3
Additional services											
Consultation service											6
Continuing education											13
Acquisitions lists											11
Lists of A-V material											11
Reference service											10
Distribute union lists											1
Difficulties with KOMRML service											
None or no response											18
Poor facsimile copy											1

(a) Includes one federal institution

Table 5 (Cont'd)

Responses to Questionnaire from 16 of 21 KOMRML Users
Requesting Between 100 - 149 Documents in 1969

	Less	Same	More	Unknown	Number of Responses by Rank 1	2	3	4	Yes	No	Numb
Length of time to obtain documents	8	6	1	1							
Value of service											
Improved access locally					7	3	4	-			
Reduction in ILL preparation					1	2	2	7			
Location service					3	4	5	2			
Availability of regional resources					4	5	3	2			
Verification					1	-	-	-			
Pay for referral service									11	5[a]	
Additional services											
Consultation service											4
Continuing education											6
Acquisitions lists											11
Lists of A-V material											4
Reference service											8
Difficulties with KOMRML service											
None or no response											10
No response or referral from one participating library											1
Verification requirement onerous											2
Poor facsimile copy (one time)											1
Wrong article sent (one time)											
Initially network institutions unclear											1

(a) Includes two federal agencies

Table 5 (Cont'd)

Response to Questionnaire from 13 of 14 KOMRML Users
Requesting Between 300 - 599 Documents per Year

	Less	Same	More	Unknown	Number of Responses by Rank 1	2	3	4	Yes	No	Numb
Length of time to obtain document	6	5	2	-							
Value of service											
Improved access locally					4	3	3	-			
Reduction in ILL preparation					-	-	2	3			
Location service					6	3	3	-			
Availability of regional resources					3	6	2	-			
Pay for referral service									8	5(2)	
Additional services											
Consultation service											5
Continuing education											7
Acquisitions lists											8
Lists of A-V material											5
Reference service											7
Set up national network, not just regional											1
Difficulties with KOMRML Service											
None or no response											7
Not in region or NLM, rejected by other RMLs											1
Items wanted often in bindery - referral too long											2
Confusion with VA referrals											1

(a) Includes one VA hospital

KENTUCKY - OHIO - MICHIGAN
REGIONAL MEDICAL LIBRARY

Addendum 1

PARTICIPATING LIBRARIES

CASE WESTERN RESERVE UNIVERSITY
CLEVELAND HEALTH SCIENCES LIBRARY

MEDICAL COLLEGE OF OHIO AT TOLEDO
MEDICAL LIBRARY

UNIVERSITY OF LOUISVILLE
KORNHAUSER HEALTH SCIENCES LIBRARY

UNIVERSITY OF DETROIT
SCHOOL OF DENTISTRY LIBRARY

MICHIGAN STATE UNIVERSITY
SCIENCE LIBRARY

OHIO STATE UNIVERSITY
HEALTH CENTER LIBRARY

UNIVERSITY OF CINCINNATI
MEDICAL CENTER LIBRARIES

UNIVERSITY OF KENTUCKY
MEDICAL CENTER LIBRARY

UNIVERSITY OF MICHIGAN
HEALTH SCIENCE LIBRARIES

WAYNE STATE UNIVERSITY
MEDICAL LIBRARY

CENTRAL OFFICES:
WAYNE STATE UNIVERSITY
MEDICAL LIBRARY
645 MULLETT STREET
DETROIT, MICHIGAN 48226

PHONE: 313 - 577-1091
TWX: 810 - 221-5163

Dear Librarian:

The records at the KOMRML Central Office show that you requested _____ interlibrary loans from the participating library responsible for regional medical library service in your geographic area.

Part of the processing cost of filling some of these requests may have been borne by the Public Health Service grant to KOMRML. Of the _____ unfilled requests, _____ were referred to other KOMRML participating libraries or the National Library of Medicine. All the costs for processing these referral requests were paid for from federal sources.

Sincerely,

Vern M. Pings
Director

Addendum 2

KENTUCKY, OHIO, MICHIGAN
Regional Medical Library Program
Wayne State University
Medical Library
645 Mullett St.
Detroit, Mich. 48226

Please answer the following, and return to address above.

1. Of the following situations, mark the one which best fits the time it takes to obtain a document from your KOMRML participating library in 1969 as compared to 1968 service.

   a. _____ Less than before KOMRML service began,
   b. _____ The same as before.
   c. _____ Slower than previously.

2. What aspects of the referral service are of most value to your library (place in order of priority, 1, 2, 3,-)

   a. _____ Reduction in time to obtain items not available locally.
   b. _____ Reduction in time in preparing interlibrary loan requests.
   c. _____ Assurance that all resources have been exhausted in locating wanted items.
   d. _____ Assurance that the resources of the region are available to you.
   e. _____ None of the above.
   f. _____ Other (list--use separate page if necessary)

3. Although funds are assured through 1970 to continue the KOMRML referral service, would your institution be willing to pay participating libraries for the cost of referring requests they cannot fill (at present $1.00)?

   a. _____ Yes b. _____ No

4. Indicate difficulties you have experienced during 1969 with the KOMRML interlibrary loan service. (use separate page if necessary)

5. If funds are made available, what additional <u>regional</u> services would be of benefit to your institution?

   a. _____ Provision of a consultation service on such matters as library space utilization, budget preparation.
   b. _____ Provision of continuing education courses or workshops on library operations such as control of journal collections, use of <u>Index Medicus</u>, etc.
   c. _____ Provision of frequently updated list of recommended books and journals for purchase.
   d. _____ Provision of lists of audiovisual materials available for educational programs for health professionals.
   e. _____ Provide reference service by answering questions, single facts or single summaries of fact.
   f. _____ Other (list--use separate page if necessary)

Addendum 3

Response to Questionnaire on KOMRML Service

	Type of Institution							
	Hospital	Industry	Government	Education	Foundation	Public Library	Prof. Society	Total
1. Speed of delivery								
a. Less	63	21	14	24	4	4	4	134
b. Same	33	22	4	18	2	4	-	83
c. More	20	1	1	3	-	-	-	25
d. Other	1	1	-	-	-	3	-	5
e. No answer	22	9	5	19	2	6	-	63
2. Value of service								
a. Reduction in time								
1) Rank 1	36	18	6	13	2	3	-	78
2) Rank 2	25	8	5	11	1	2	-	52
3) Rank 3	23	8	6	13	2	3	-	55
4) Rank 4	4	5	-	2	-	-	-	11
5) No answer	47	13	6	20	1	8	1	96
6) No rank	54	15	8	24	3	9	1	114
b. Reduction in preparation								
1) Rank 1	3	4	-	3	-	1	-	11
2) Rank 2	7	4	5	3	-	1	-	20
3) Rank 3	23	9	2	11	1	1	-	47
4) Rank 4	27	12	5	10	3	4	-	61
5) No answer	76	25	13	34	3	10	1	161
6) No rank	86	25	13	35	4	10	1	173
c. Use of regional resources								
1) Rank 1	28	11	8	14	1	-	-	62
2) Rank 2	44	18	2	16	2	6	-	88
3) Rank 3	25	10	4	4	1	2	-	46
4) Rank 4	9	2	2	2	1	-	-	16
5) No answer	26	12	7	25	2	7	1	80
6) No rank	36	13	9	25	2	9	1	97
d. Assurance of availability								
1) Rank 1	43	12	9	15	3	5	-	87
2) Rank 2	34	14	6	17	3	-	-	74
3) Rank 3	24	11	4	7	-	2	-	48
4) Rank 4	4	5	2	6	-	-	-	17
5) No answer	30	11	7	13	-	8	-	69
6) No rank	36	12	9	17	2	11	-	87
e. Other								
1) Rank 1	2	-	-	-	-	-	-	2
2) Rank 2	-	-	-	-	-	-	-	-
3) Rank 3	-	-	-	1	-	-	-	1
4) Rank 4	2	-	-	-	-	-	-	2
5) No answer	139	41	25	60	8	16	1	290
6) No rank	139	42	25	60	8	17	1	292
3. Willingness to pay for referral service								
a. Yes	99	48	10	43	6	9	1	216
b. No	31	1	8	11	1	2	-	54
c. Conditional	6	3	2	1	-	-	-	12
d. No answer	11	1	5	8	1	6	-	32
4. Difficulties with service								
a. Network complications	5	2	-	4	2	-	-	13
b. Service complications	16	2	3	4	2	1	-	28
c. Proc. complications	10	5	2	7	1	-	-	27
d. None	44	21	10	14	-	6	-	96
e. Other	1	2	-	-	1	-	-	4
f. No answer	62	20	10	34	1	0	1	138
5. Additional services desirable								
a. Consultation	42	3	3	4	3	2	-	57
b. Continuing education	81	13	8	11	3	1	-	117
c. Acquisitions list	98	16	10	28	2	7	-	161
d. Lists of A-V material	83	6	10	27	2	5	-	133
e. Reference service	64	29	14	25	4	11	1	148
f. Other	10	5	-	4	2	-	-	21
g. No response	12	10	3	19	-	7	-	51